



New Hampshire Veterans Home

Notice of Privacy Practices

Effective Date: 11/05/2004

This notice describes how your health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Introduction. This Notice of Privacy Practices describes how New Hampshire Veterans Home may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

II. Your Health Information Rights. While the actual records that we maintain about you belong to us, the information contained in our records belongs to you. Under the federal Privacy Rules (45 CFR Part 160 and Part 164) you have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR Part 160.522. Please note, however, that we are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your health information, we will notify you that your request for restriction will not be honored. If we agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is needed to provide emergency treatment.
- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and obtain a copy of your health record
- Amend your health record
- Obtain an accounting of certain disclosures
- Receive confidential communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

III. Our Responsibilities. New Hampshire Veterans Home is required to:

- Maintain the privacy of your health information
- Provide you with this Notice of Privacy Practices outlining our legal responsibilities and privacy practices
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests to communicate your health information by alternative means or at alternative locations

We reserve the right to change our Notice of Privacy Practices and to make the new provisions effective for all protected health information we maintain. Should our Notice of Privacy Practices change, we will notify you. The most up to date copy of this Notice of Privacy Practices will be displayed in prominent locations throughout the home.

IV. Examples of How We Will Use or Disclose Your Protected Health Information (PHI). The following are examples of the types and uses and disclosures of your PHI that we are permitted to make.

Treatment: We will use and disclose PHI to provide, coordinate, or manage your health care and any related services. For example, we may disclose PHI to your primary care physician and to other physicians who may be involved in your health care. In addition, we may disclose PHI to other health care facilities that are providing your care, such as hospitals and ambulance services, to coordinate continuing care, diagnostic testing, surgery, therapy and other services.

Payment: PHI will be used as needed to obtain payment for services that we provide to you. For example, we may disclose PHI to the Department of Veterans Affairs for benefits such as per diem payments, pharmacy and other medical benefits. We may disclose PHI to your health insurance company and its legal representatives.

Healthcare Operations: We may use or disclose your PHI as needed to support our own business activities. These activities may include quality assessment and improvement, training and supervision of staff members, or other business activities. We may share your PHI with other departments within the Home for such activities as preparing and serving of meals, housekeeping, and participation of recreational activities. For example, we may share your PHI with third party business associates that perform various services that are essential to our Home, such as Physician, Pharmacy, Dental, Rehabilitative

and Speech Services. We will limit the amount of PHI that we provide to the minimum necessary to accomplish the particular task. We will have a written contract with Business Associates that contains terms that will protect the privacy of your PHI. We will use your protected health information to provide you with appointment reminders and to discuss treatment options or other health related benefits that may be of interest to you.

V. Uses and Disclosures We May Make Unless You Object. In the following situations, we may disclose your protected health information unless you request not to:

- To notify or assist in notifying a family member or personal representative of your health status. This person will be listed in our records as your primary person to notify. If unable to contact this person, the person listed as your secondary contact may be notified in an emergency situation.
- Your name and room number will be listed on a Home directory. Your location within the home may be released to anyone that asks for you by name. Your name will also be located on a nameplate outside your door.
- Your name, location and religious preference may be shared with clergy.
- Your name, location, service information such as branch of service, war service (WWII, Korea, etc.), and service organizations (VFW, AL, etc) may be shared with members of visiting service organizations.
- Your name and birthday will be displayed on the Home's monthly birthday list.
- Your name, basic information, such as demographics may be included in our quarterly newsletter.

VI. Uses and Disclosures Not Requiring Your Authorization. The federal privacy rules provide that we may use or disclose your protected health information without your authorization in the following circumstances (in accordance with applicable state and federal law):

- As required by Law – to the extent that the use or disclosure is required by state or federal law
- Health Oversight Activities – in the context of audits, investigations, inspections and licensing activities
- Food and Drug Administration (FDA) – to report adverse events with respect to food, medications, products, and product defects
- Public Health – to public health authorities charged with preventing or controlling disease, injury, or disability.
- Relating to Decedents – regarding an individual's death, to coroners, medical examiners or funeral directors.
- Organ/Tissue Donation – if you are an organ donor, to assist in procurement, banking or transportation of donated organs or tissue
- Law Enforcement – as required by law or in response to a valid search warrant or court order
- Legal Proceedings – in response to an order of a court, subpoena, discovery request or other lawful process
- To Avert a Serious Threat to Health or Safety – to warn of a resident's violent behavior when a resident has communicated a serious threat of physical violence against a reasonably identifiable victim
- Criminal Activity – to law enforcement authorities if evidence of criminal conduct on our premises, to report suspected child abuse or neglect, or abuse of incapacitated adults, or an injury that we believe may have been a result of an illegal act
- National Security and Intelligence Activities – to authorized federal officers for national security activities

VII. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this notice. You may revoke this authorization at any time in writing, except to the extent that we have already relied upon your authorization in making a disclosure.

VIII. For More Information or to Report Complaints

If you wish to exercise any of the rights outlined in this notice or if you have questions and would like additional information, you may contact our Privacy Officer at New Hampshire Veterans Home, PO Box 229, 139 Winter St., Tilton, NH 03276 / (603) 527-4400.

If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer. If you are not satisfied with the Home's response, you may file a complaint with the Regional Office for Civil Rights. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint. To file a complaint with the government, contact: Office for Civil Rights – Attn: Regional Manager, U.S. Department of Health and Human Services, JFK Federal Building – Room 1875, Boston, MA 02203 / (617)565-1340, (617)565-1343 (TDD)